



State of Ohio Environmental Protection Agency

P.O. Box 1049, 1800 WaterMark Dr.
Columbus, Ohio 43266-0149
(614) 644-3020
FAX (614) 644-2329

RECEIVED NOV 08 1993
WMD RCRA
RECORD CENTER

George V. Voinovich
Governor

Donald R. Schregardus
Director

October 28, 1993

Morgan Matroc Inc.
Attn: William Hocevar
232 Forbes Road
Bedford, OH 44146-5418

RE: EPA ID#: **OHD052324290**

LOCATION of INSTALLATION: 232 Forbes Rd
Bedford, OH 44146

In response to your request of February 1993 the following information has been updated:

Name: *Morgan Matroc Inc*
(formerly listed as *Vernitron Piezoelectric Division*)

Contact: *William Hocevar*

Owner: *Morgan Crucible Co.*

Deleted waste codes: *D007, U210, U239, D005*

Added waste codes: *D001, D002, F002*

If you have any questions, please contact Beth Barrett at (614)644-2977.

Sincerely,

Thomas E. Crepeau, Manager
Data Management Section
Division of Hazardous Waste Management

TEC/bab

cc: U.S. EPA, Region V
Ohio EPA District Office



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

JUL 11 1983

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

JUL 11 1983

C. G. Stevens, Eng. Mgr.
Vernitron Piezoelectric Division
232 Forbes Road
Bedford, Ohio 44146

RE: Interim Status Acknowledgement USEPA ID No. OHD052324290
FACILITY NAME: Vernitron Piezoelectric Division

Dear Mr. Stevens:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Benjamin K. Sachs, Vice President

CBK
7/8/83

DJB
7/8/83



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5HW-TUB

Sept 30, 1982

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. C.G. Stevens
Vernitron Corporation
232 Forbes Rd.
Bedford, Ohio 44146

RE: Vernitron Corp.
OHD052324290

Dear Mr. Stevens:

The referenced company is a hazardous waste treatment, storage, or disposal facility subject to the Resource Conservation and Recovery Act (RCRA) as amended. Federal regulations (40 CFR Part 265 Subpart H) require that such facilities shall provide to the United States Environmental Protection Agency (U.S. EPA) proof of financial assurance for closure by July 6, 1982, and proof of liability coverage by July 15, 1982 (40 CFR 265.143 and 265.147 respectively).

To date U.S. EPA has not received these proofs; consequently, the facility is in violation of the requirements of 40 CFR Part 265 Subpart H. The Agency considers these financial responsibility proofs as significant requirements of the hazardous waste regulations. Failure to provide these required proofs within 30 days of receipt of this notice may subject the facility to enforcement action. RCRA provides for civil penalties up to \$25,000 per violation. Please forward the financial responsibility proofs to:

RCRA Activities
ATTN: Financial requirements
P.O. Box A3587
Chicago, IL 60690

Mr. Thomas B. Golz, at (312) 886-4023, can provide additional information concerning this notice.

Sincerely,

William H. Miner, Chief
Technical, Permits, and Compliance Section

cc: Tegtmeyer - OEPA



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

MAY 4 1982
C. G. Stevens
Vernitron Piezoelectric Division
232 Forbes Road
Bedford, Ohio 44146

RE: Interim Status Acknowledgement USEPA ID No. OHD052324290
FACILITY NAME: Vernitron Piezoelectric Division

Dear Mr. Stevens:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: Benjamin K. Sachs

Handwritten notes:
5/3/82
DJB 5/4/82

A



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD052324290 REACKNOWLEDGEMENT

VERNITRON PIEZOELECTRIC DIVISION
232 FORBES RD
BEDFORD

OH 44146

INSTALLATION ADDRESS

232 FORBES RD
BEDFORD

OH 44146



ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

Add Waste Codes: D011, D005, D003, F001, F003, F005, U239, D000

OHD052324290

3-6-81 SP

000012 AUG 13 80

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

VERNITRON CORP
232 FORBES ROAD
CLEVELAND, OH 44146
BEDFORD

LOCATION OF INSTALLATION

232 FORBES ROAD
CLEVELAND, OH 44146
BEDFORD

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

F O H D 0 5 2 3 2 4 2 9 0 0

A

800812

I. NAME OF INSTALLATION

VERNITRON CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 232 FORBES ROAD

CITY OR TOWN

4 BEDFORD

ST.

ZIP CODE

OH 44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 SAME

CITY OR TOWN

6 BEDFORD

ST.

ZIP CODE

OH 44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 STEVENS CAS ENGINEERING MGR

216-232-8600

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 VERNITRON CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

OHD052324290

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 13 1980

-- FOR OFFICIAL USE ONLY										
S	0HDO52324290									
W	2									
1	2	3	4	5	6	7	8	9	10	11

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D 0 0 8	U 2 1 0				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

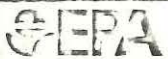
☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Mark A. Rickman</i>	NAME & OFFICIAL TITLE (type or print) Mark A. Rickman, General Manager	DATE SIGNED
-------------------------------------	---	-------------

ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

OHD052324290

*Add White Codes: D011, D005, D007,
F001, F003, F005, 4238,
D000,**3-6-81*

I. NAME OF INSTALLATION

VERNITRON CORP
232 FORBES ROAD
CLEVELAND, OH 44146
BEDFORD

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

232 FORBES ROAD
CLEVELAND, OH 44146
BEDFORD

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C																								
C																								

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED

(yr., mo., & day)

5													T/A	C										
F													1											
1	2											13	14	15	16	17								

I. NAME OF INSTALLATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C																								
3																								

CITY OR TOWN

ST.

ZIP CODE

C																								
4	B	E	D	F	O	R	D																	
13	16											40	41	42	43	44	45	46	47	48	49	50	51	

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C																								
5																								

CITY OR TOWN

ST.

ZIP CODE

C																								
6	B	E	D	F	O	R	D																	
13	16											40	41	42	43	44	45	46	47	48	49	50	51	

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

C																																		
2	S	T	E	V	E	N	S	C	A	S	E	N	G	I	N	E	E	R	I	N	G	M	G	R										
13	16											45	46	47	48	49	50	51	52	53	54	55												

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C																								
8	V	E	R	N	I	T	R	O	N	C	O	R	P											

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

O H D 0 5 2 3 2 4 2 9 0

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

NOV 17 1980

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
D 0 0 8	U 2 1 0	D 0 1 1	D 0 0 5	D 0 0 7	F 0 0 1
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
F 0 0 3	F 0 0 5	U 2 3 9			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49		50		51		52		53		54	
23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26	

Antimony and Compounds
Nickel and Compounds
☒ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

Mark A. Rickman, General Manager

11/14/80

U.S. ENVIRONMENTAL PROTECTION AGENCY		GENERAL INFORMATION		I. EPA I.D. NUMBER	
Consolidated Permits Program (Read the "General Instructions" before starting.)				F O H D 0 5 2 3 2 4 2 9 0	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY		IV. FACILITY CONTACT	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		VERNITRON PIEZOELECTRIC DIVISION		C. G. STEVENS, ENG. MGR.	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		2 16 2 32 8 60 0	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
V. FACILITY MAILING ADDRESS		VI. FACILITY LOCATION			
A. STREET OR P.O. BOX		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
2 3 2 FORBES ROAD		2 3 2 FORBES ROAD			
B. CITY OR TOWN		B. COUNTY NAME			
BEDFORD		CUYAHOGA COUNTY			
C. CITY OR TOWN		C. STATE			
BEDFORD		OH			
D. ZIP CODE		E. ZIP CODE			
4 4 1 4 6		4 4 1 4 6			
F. COUNTY CODE (if known)					

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

VII. SIC CODES (4-digit, in order of priority)

A. FIRST

B. SECOND

3 2 69 (specify) Pottery Products NEC

7 3 6 72 (specify) Electronic Components and Accessories

C. THIRD

D. FOURTH

3 2 64 (specify) Porcelain Electronic Supplies

7 3 2 94 (specify) Minerals and Earth, Ground or otherwise treated

VIII. OPERATOR INFORMATION

A. NAME

B. Is the name listed in Item VIII-A also the owner?

8 VERNITRON CORPORATION

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

D. PHONE (area code & no.)

F = FEDERAL
S = STATE
P = PRIVATEM = PUBLIC (other than federal or state)
O = OTHER (specify)

(specify)

5 1 6 7 7 8 8 2 0 0

E. STREET OR P.O. BOX

2 0 0 1 MARCUS AVENUE

F. CITY OR TOWN

G. STATE

H. ZIP CODE

IX. INDIAN LAND

8 LAKE SUCCESS

NY

1 1 0 4 2

Is the facility located on Indian lands?

☐ YES☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

9 N

9 P

B. UIC (Underground Injection of Fluids)

E. OTHER (specify)

9 U O H D 0 5 2 3 2 4 2 9 0

9

(specify)

C. RCRA (Hazardous Wastes)

E. OTHER (specify)

R

9

(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of ceramic used in mechanical to electrical and electrical to mechanical transducers and sold to manufacturers of electrical and electronic sensors and equipment. Products also include bandpass radio filters, fuel ignition devices, tone generators.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

Benjamin K. Sachs,
Vice President

Benjamin K. Sachs

11/23/82

COMMENTS FOR OFFICIAL USE ONLY

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER
F 0 5 2 3 3 4 2 0 0 1

OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

COMMENTS

NOV 29 1982

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

Yr. MO. DAY
8 58 06 02

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ 2. NEW FACILITY (Complete item below.)

Yr. MO. DAY
73 74 75 76 77 78

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
		2. UNIT OF MEASURE (enter code)				2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600		5			
X-2	T 0 3	20		6			
1	S 0 1	100,000		7			
	S 0 2	10,000		8			
3	T 0 1	100		9			
4				10			

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 155-350004

VERNON

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY										NOV 29 1982													
W										DUP										DUP													
DESCRIPTION OF HAZARDOUS WASTES (continued)																																	
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)			B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES RECEIVED																											
						1. PROCESS CODES (enter)																											
			2. PROCESS DESCRIPTION (if a code is not entered in D(1))																														
1	0	00	8	36,000	P	S	01	S	02	T	01																						
2	U	21	0	23,000	P	S	01																										
3	D	0	11	150	P	S	01	T	01																								
4	D	0	05	20	P	S	01	T	01																								
5	D	0	07	10	P	S	01	T	01																								
6	F	0	01	3,500	P	S	01																										
7	F	0	03	1,000	P	S	01																										
8	F	0	05	2,000	P	S	01																										
9	U	2	39	700	P	S	01																										
10	Antimony			15	P	S	01	T	01																								
11	Nickel			200	P	S	01	S	02	T	01																						
12																																	
13																																	
14																																	
15																																	
16																																	
17																																	
18																																	
19																																	
20																																	
21																																	
22																																	
23																																	
24																																	
25																																	
26																																	

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F O M D 05 2 32 4 29 0 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

81 31 15

LONGITUDE (degrees, minutes, & seconds)

41 22 0

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Benjamin K. Sachs,
Vice President

B. SIGNATURE

Benjamin K. Sachs

C. DATE SIGNED

11/23/82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

FORBES ROAD
PROPERTY BOUNDARY

OFFICES

VERMILION PIEZOELECTRIC DIVISION
MANUFACTURING BUILDING

BEAUFORT OHIO
OHD 052 324 290

MFG.

MFG.

CERAMIC
WASTE
STORAGE

WASTE
SOLVENT
STORAGE

PRECIOUS
METAL
WASTE
STORAGE

LOADING
DOCK

WAREHOUSE

LAWN

PARKING

PROPERTY BOUNDARY 420'

FREE AVENUE

FENCE

DRIVEWAY

TOXIC
WASTE
STORAGE

NONFLAMMABLE
WASTE STORAGE

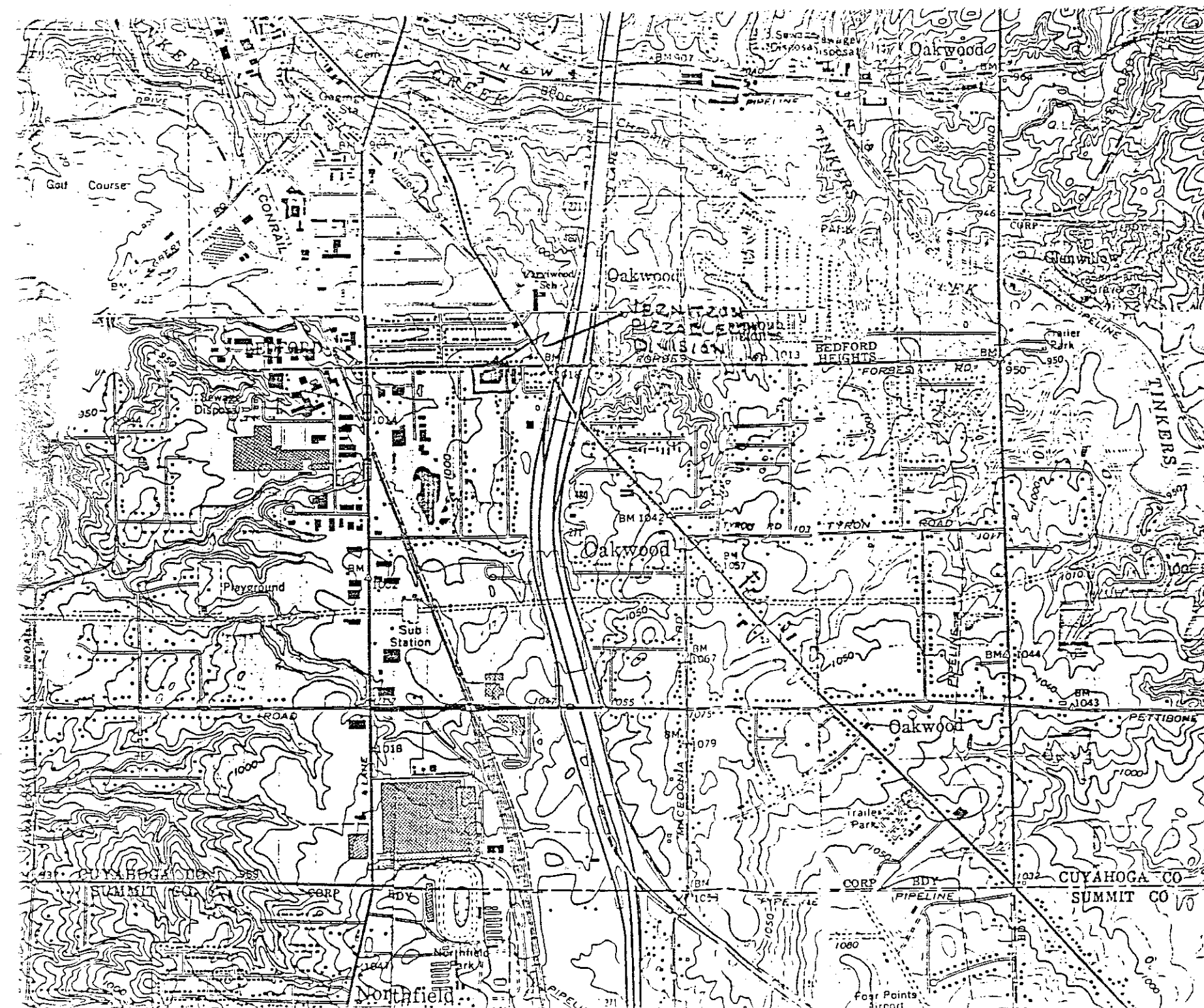
SUB-
STATION
POWER

DRUM
STORAGE

PROPERTY BOUNDARY 480' FENCE

REVISED 10/11/83 C

SCALE: 1"=60'



04D052324240

LOCATION MAP
VERNITRON PIEZOELECTRIC DIVISION
BEDFORD, OHIO

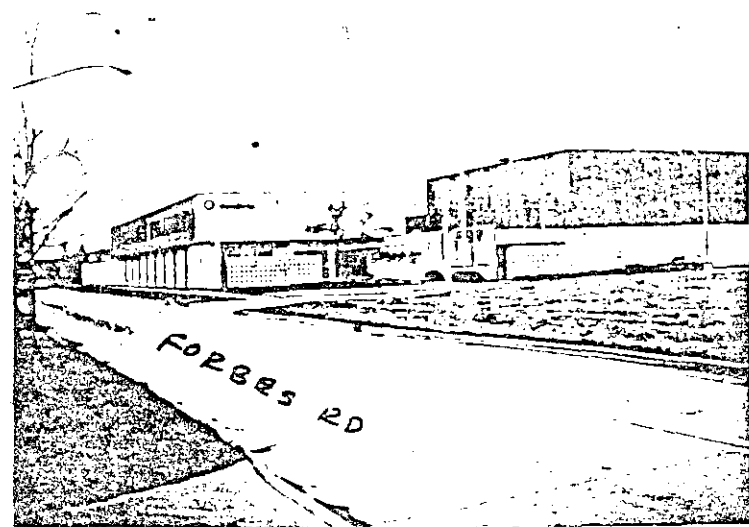
SCALE 1:24000

1000 0 FEET

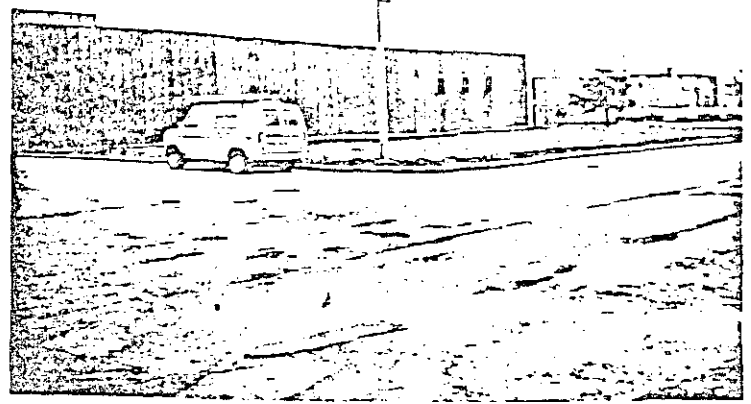
COMPOSITE FROM USGS QUADS
NORTHFIELD, OHIO
SHAKER HEIGHTS, OHIO
CHAGRIN FALLS, OHIO
TWINSBURG, OHIO

GN
50
89 miles
0° 22' 1
7 miles

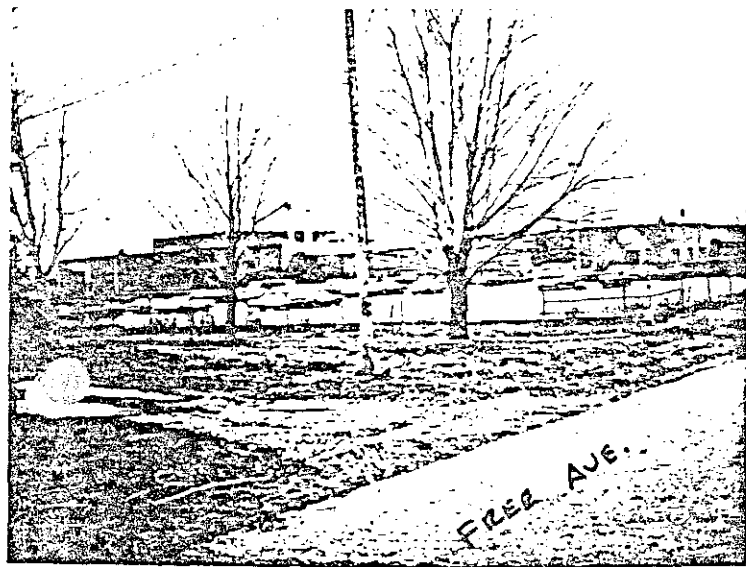
UTM GRID AND 1979 MAGNETIC NORTH
DECLINATION AT BOTTOM OF SHEET



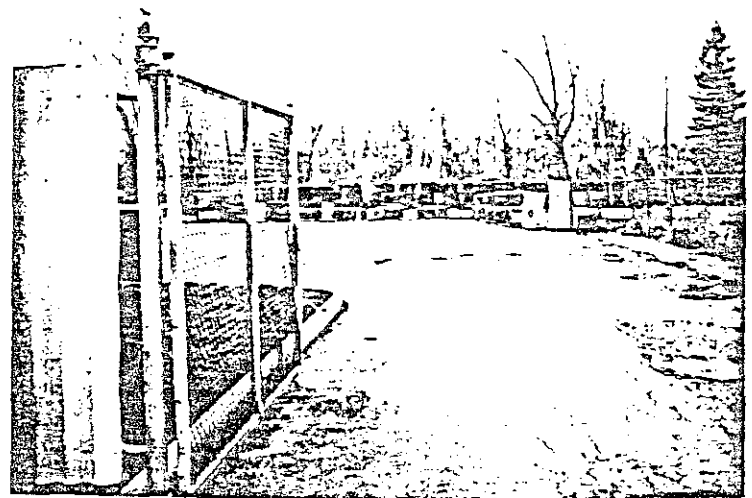
NORTHWEST CORNER



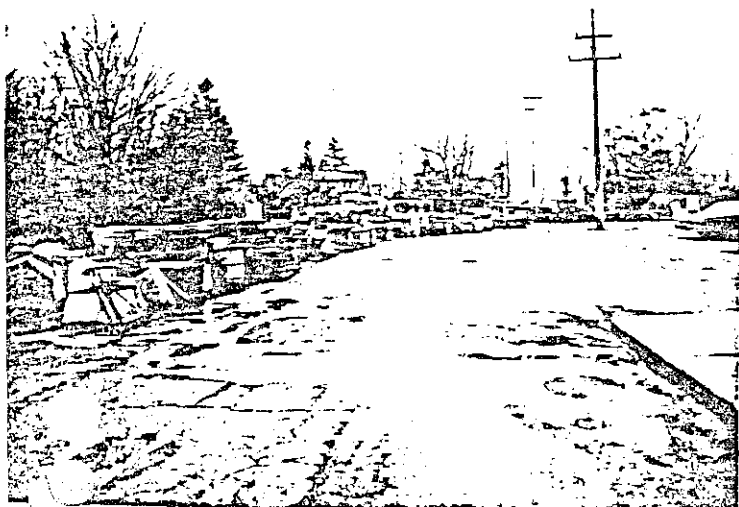
SOUTH ELEVATION



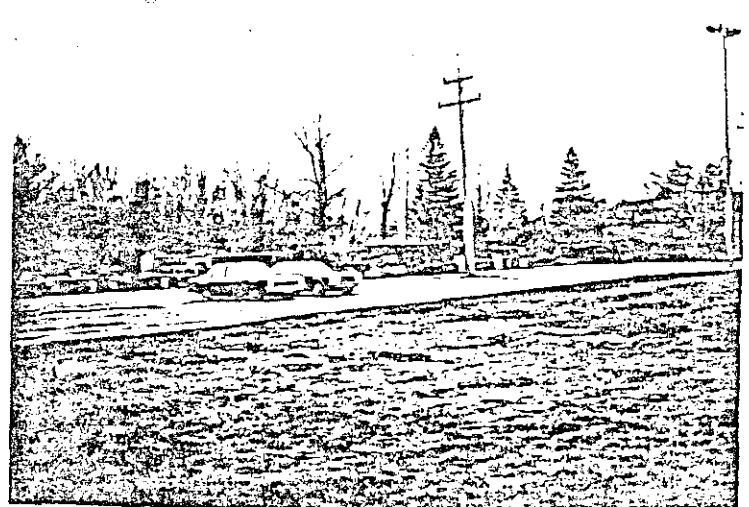
SOUTH ELEVATION



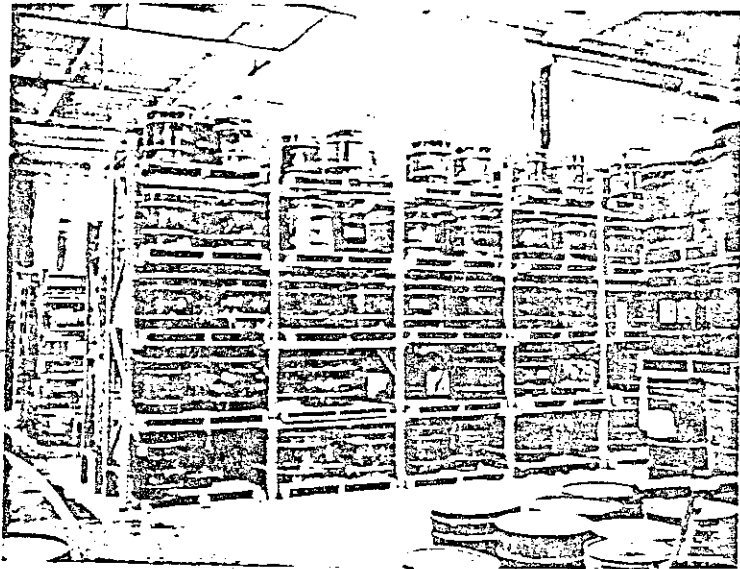
DRUM STORAGE SOUTH WEST CORNER



DRUM STORAGE



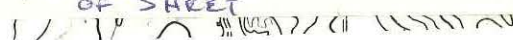
DRUM STORAGE SOUTH WEST CORNER

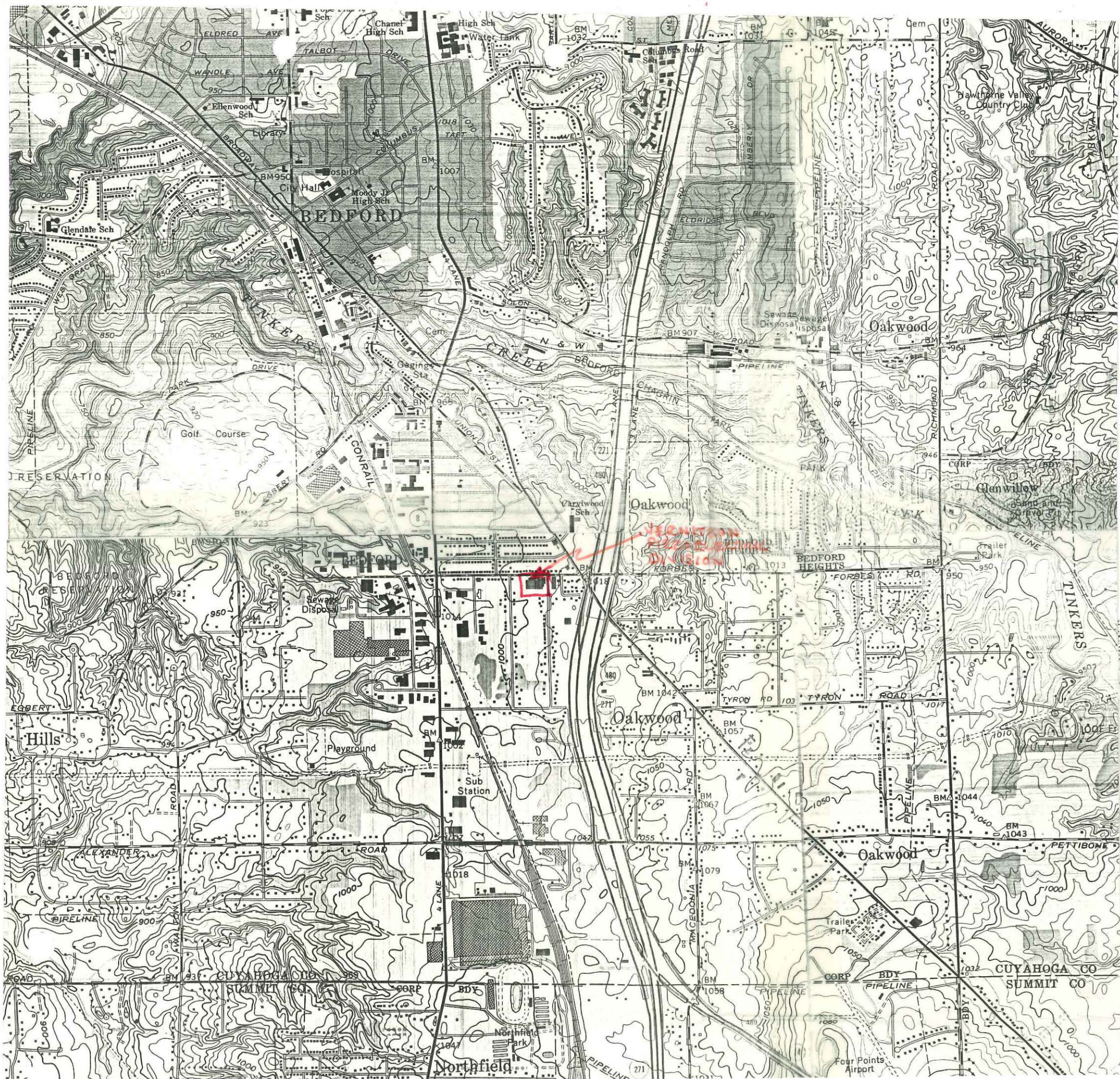


DRUM STORAGE EAST RACK WAREHOUSE



DRUM STORAGE WEST RACK WAREHOUSE



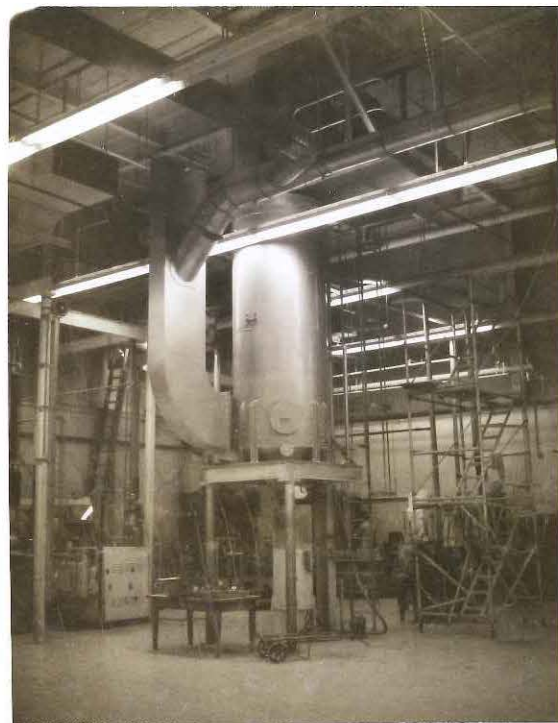
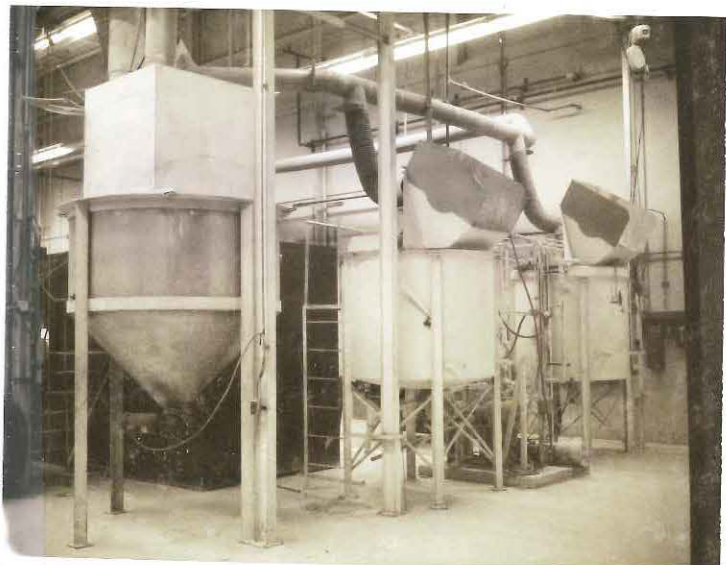


Glaxo	1320	1320	1320
Auto	1320	1320	1320
Line	1320	1320	1320
Land Linens	1320	1320	1320
to Services	1320	1320	1320
all Services	1320	1320	1320
Supplies	1320	1320	1320
Operating Supl's	1320	1320	1320
ts & Lubricants	1320	1320	1320
ductive Material	1320	1320	1320
t	1320	1320	1320
- Periodicals	1320	1320	1320
aneous Dept. Exp.	1320	1320	1320
ation	1320	1320	1320
tion of New Mat'l	1320	1320	1320
Protection	1320	1320	1320
y Exp. on Sales	1320	1320	1320
ecy. Credit	1320	1320	1320



OHDO52324290

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OHDO52324290

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:5%;">F</td> <td style="width:5%;">O</td> <td style="width:5%;">H</td> <td style="width:5%;">D</td> <td style="width:5%;">0</td> <td style="width:5%;">5</td> <td style="width:5%;">2</td> <td style="width:5%;">3</td> <td style="width:5%;">2</td> <td style="width:5%;">4</td> <td style="width:5%;">2</td> <td style="width:5%;">9</td> <td style="width:5%;">0</td> <td style="width:5%;">3</td> <td style="width:5%;">D</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td></td> </tr> </table>	S	F	O	H	D	0	5	2	3	2	4	2	9	0	3	D	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
S	F	O	H	D	0	5	2	3	2	4	2	9	0	3	D																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15																					
LABEL ITEMS EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<div style="border: 1px solid black; padding: 20px; min-height: 150px;"> PLEASE PLACE LABEL IN THIS SPACE </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>																															

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		Form 3	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C	1	SKIP	V E R N I T R O N P I E Z O E L E C T R I C D I V I S I O N
---	---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 C. G. STEVENS ENG. MGR.	2 16 2 32 86 00

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 2 3 2 FORBES RD.	4 B E D F O R D	OH	44 146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 2 3 2 FORBES RD.	CUYAHOGA COUNTY	6 B E D F O R D	OH	4 4 1 46	035 DP

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	3	2	6	9	(specify)	Pottery Products NEC	C	7	3	6	7	9	(specify)	Electronic Components and Accessories				
15	16	17	18	19			15	16	17	18	19								
C. THIRD										D. FOURTH									
C	7	3	2	6	4	(specify)	Porcelain Electronic Supplies	C	7	3	2	9	4	(specify)	Minerals and Earth, Ground or otherwise treated				
15	16	17	18	19			15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?									
C	8	V	E	R	N	I	T	R	O	N	C	O	R	P	O	R	A	T	I	O	N	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										A. 51 6 7.7 5 8 2 00														
										M																								
E. STREET OR P.O. BOX																																		
2 0 1 M A R C U S A V E.																																		
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B L A K E S U C C E S S																				NY					1 1 0 4 2					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
C	9	N	C	9	P																
15	16	17	18	19	20	15	16	17	18	19	20										
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
C	9	U	C	9	(specify)																
15	16	17	18	19	20	15	16	17	18	19	20										
C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
C	9	R	C	9	(specify)																
15	16	17	18	19	20	15	16	17	18	19	20										

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9; A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturer of ceramic used in mechanical to electrical and electrical to mechanical transducers and sold to manufacturers of electrical and electronic sensors and equipment. Products also include bandpass radio filters, fuel ignition devices, tone generators.

F9; A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Benjamin K. Sachs Vice President	<i>Benjamin K. Sachs</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C

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FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER												
			S	F	O	H	D	0	5	2	3	2	4	2	9

FOR OFFICIAL USE ONLY										COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)									

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)										2. NEW FACILITY (Complete item below.)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)									
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)										FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN									
C	YR.	MO.	DAY							YR.	MO.	DAY							
8	58	06	02																

B. REVISED APPLICATION (place an "X" below and complete Item I above)																			
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS										<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT									

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
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TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										DUP										31									
16 - 18 19										27										29 - 32									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY								FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY								FOR OFFICIAL USE ONLY								
		1. AMOUNT (specify)				2. UNIT OF MEAS- URE (enter code)							1. AMOUNT				2. UNIT OF MEAS- URE (enter code)												
X-1	S 0 2	600								G	5																		
X-2	T 0 3	20								E	6																		
1	S 0 1	100,000 000								G	7																		
	S 0 2	10,000 000								G	8																		
3	T 0 1	100 000								U	9																		
4											10																		
16 - 18 19										27										29 - 32									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS. P
TONS. T

METRIC UNIT OF MEASURE CODE
KILOGRAMS. K
METRIC TONS. M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. 1-2	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
<div> <div>W</div> <div>O</div> <div>H</div> <div>D</div> <div>5</div> <div>2</div> <div>3</div> <div>2</div> <div>4</div> <div>2</div> <div>9</div> <div>0</div> <div>3</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>3</div> <div>2</div> <div>DUP</div> </div>												
DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				<div> <div>1. PROCESS CODES (enter)</div> <div>2. PROCESS DESCRIPTION (if a code is not entered in D(1))</div> </div>																					
1	D008	36,000	P	S01	S02	T01																			
2	U210	23,000	P	S01																					
3	D011	150	P	S01	T01																				
4	D005	20	P	S01	T01																				
5	D007	10	P	S01	T01																				
6	F001	3,500	P	S01																					
7	F003	1,000	P	S01																					
8	F005	2,000	P	S01																					
9	U239	700	P	S01																					
10	Antimony	15	P	S01	T01																				
11	Nickel	200	P	S01	S02	T01																			
12																									
13																									
14																									
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24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	O	H	D	5	2	3	2	4	2	9	0	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

FGIA/55

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). FGIA/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

8	1	3	1	1	5	0	4	1	2	2	0	0	0	0	8	1	3	1	5	0
65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Benjamin K. Sachs
Vice President

B. SIGNATURE

Benjamin K. Sachs, V.P.

C. DATE SIGNED

11/17/80

X. OPERATOR CERTIFICATION

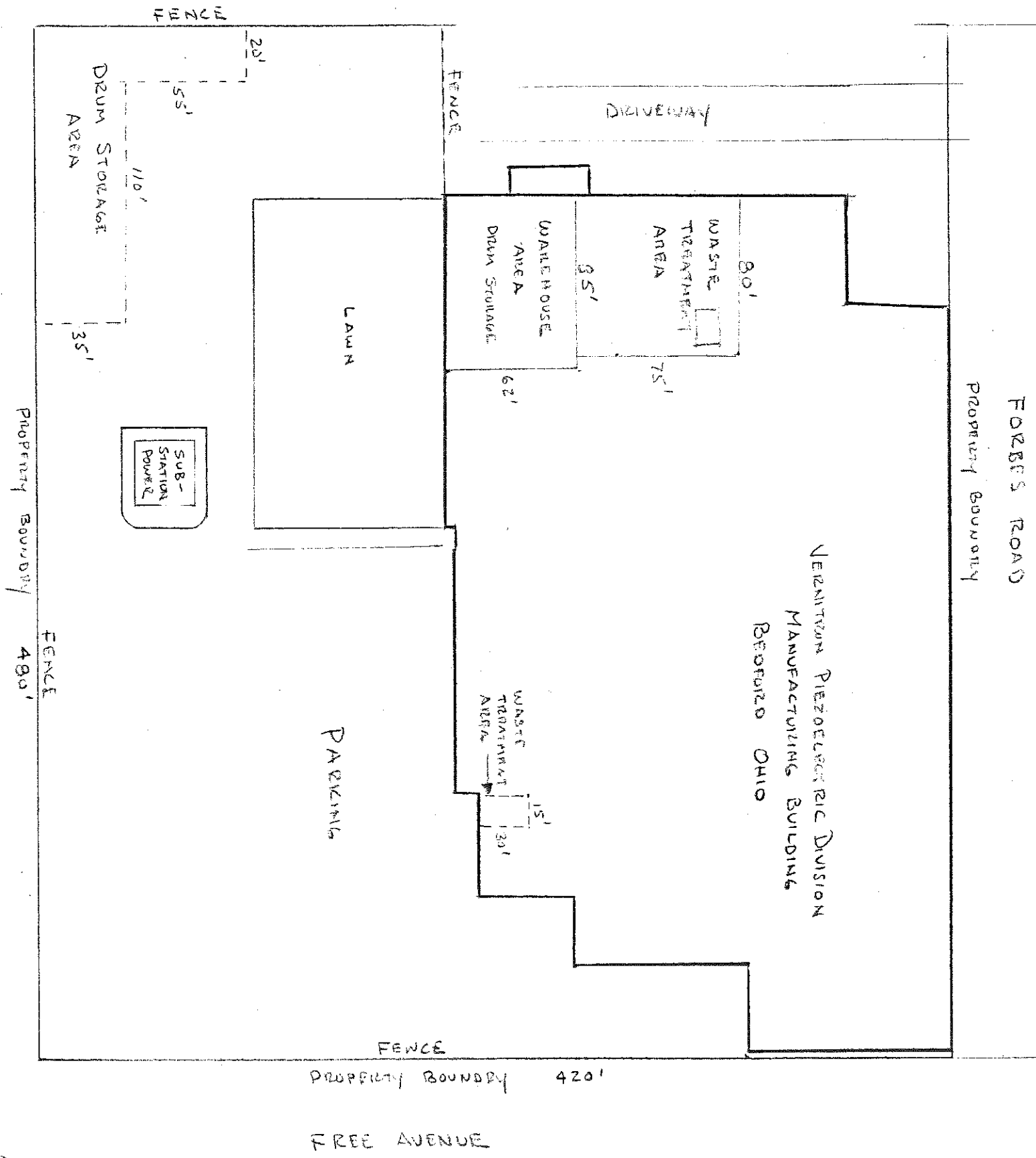
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

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VERNITRON CORPORATION

2001 MARCUS AVENUE

LAKE SUCCESS, N.Y. 11042

P.O. BOX 711 • 185 COMMUNITY DRIVE • GREAT NECK, N.Y. 11022

LEGAL DEPARTMENT

REF: GR-53

653
(516) 487-0120

(516) 775-8200

November 18, 1980

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

EPA Region V
Permit Contact (5EP)
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, IL 60604

RE: Hazardous Waste Permit Application
Vernitron Piezoelectric Division
of Vernitron Corporation
232 Forbes Road
Bedford, Ohio
EPA I.D. No. OHD 052324290

Gentlemen:

I am writing this letter on behalf of the Vernitron Piezoelectric Division of Vernitron Corporation.

Enclosed herewith please find the Hazardous Waste Permit Application, together with all necessary documentation, which has been certified by Mr. Benjamin K. Sachs, Vice President of Vernitron Corporation.

Should you have any questions, or require any further documentation, please do not hesitate to contact me.

Very truly yours,

Ms. Pat Reale,
Legal Assistant

PR/mjh
Encl.

cc: Lawrence J. Schwartz, Esq.
Corporate Counsel
Vernitron Corporation